# **Utah Health Status Update:** *Hospitalizations of Older Utahns*

Hospitalization, representing the most intensive and expensive health care, is much more common for older Utahns. A recent report by the Utah Department of Health and the Health Data Committee examined patterns of hospitalizations for Utahns over age 65. This Health Status Update presents highlights of that report.

Utahns age 65 or over account for about 8% of the population, but about 24% of hospitalizations and 34% of hospital charges.

### **Common Reasons for Hospitalization**

Figure 1. Numbers of discharges, rate per 10,000 persons, and mean charges for common hospital discharge diagnoses and procedures, men and women age 65 or over, Utah 1996-1998

| Diagnoses   | Discharges* | Rate** | Charges*** | Died**** |
|---|-------------|--------|------------|----------|
| Men   |             |        |            |          |
| Coronary atherosclerosis/heart disease                | 1,837       | 236.5  | \$ 19,840  | 1.4      |
| Pneumonia   | 1,473       | 189.6  | \$ 9,575   | 7.7      |
| Acute myocardial infarction                           | 999         | 128.6  | \$ 19,876  | 8.5      |
| Congestive heart failure                              | 978         | 125.9  | \$ 8,516   | 5.6      |
| Osteoarthritis  | 874         | 112.6  | \$ 15,936  | 0.2      |
| Acute cerebrovascular disease                         | 820         | 105.5  | \$ 9,737   | 11.1     |
| <u>Women</u>  |             |        |            |          |
| Osteoarthritis  | 1,441       | 142.4  | \$ 15,048  | 0.1      |
| Pneumonia   | 1,413       | 139.7  | \$ 8,475   | 6.0      |
| Congestive heart failure                              | 1,178       | 116.5  | \$ 7,735   | 5.3      |
| Fracture neck of femur (hip)                          | 1,116       | 110.3  | \$ 12,399  | 2.5      |
| Acute cerebrovascular disease                         | 1,076       | 106.3  | \$ 9,302   | 10.7     |
| Coronary atherosclerosis                              | 1,075       | 106.3  | \$ 17,509  | 1.3      |
| Procedures  |             |        |            |          |
| Men   |             |        |            |          |
| Percutaneous transluminal coronary angioplasty (PTCA) | 853         | 109.8  | \$ 19.207  | 1.3      |
| Diagnostic cardiac catheterization                    | 826         | 106.3  | \$ 11,647  | 1.9      |
| Coronary artery bypass graft (CABG)                   | 665         | 85.6   | \$ 36,866  | 3.8      |
| Arthroplasty knee                                     | 553         | 71.1   |            |          |
| Hip replacement                                       | 486         | 62.5   | \$ 17,469  | 2.1      |
| Transurethral resection of prostate (TURP)            | 483         | 62.2   |            | 0.4      |
| Women   |             |        | ,          |          |
| Hip replacement                                       | 915         | 90.4   | \$ 16,665  | 1.3      |
| Arthroplasty knee                                     | 896         | 88.6   |            | 0.1      |
| Treatment of fracture or dislocation of hip and femur | 669         | 66.1   |            | 2.0      |
| Diagnostic cardiac catheterization                    | 608         | 60.1   |            |          |
| Upper gastrointestinal endoscopy, biopsy              | 585         | 57.8   | +,         | 1.9      |
| Percutaneous transluminal coronary angioplasty (PTCA) | 478         | 47.2   | \$ 20,019  | 2.3      |

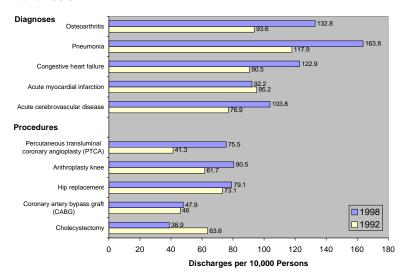
<sup>\*</sup> average number per year

Note: Diagnoses and procedures are not mutually exclusive and shouldn't be added together. Charges and mortality rates apply to the discharge and not necessarily to the procedure or diagnosis.

- The most common reasons for hospitalizations for both men and women were heart disease, pneumonia, and orthopedic conditions including osteoarthritis and hip fracture.
- Heart disease-related diagnoses were more important for men and orthopedic problems for women (see Figure 1).
- Among the discharge diagnoses examined, cerebrovascular disease, acute myocardial infarction, and pneumonia had the highest in-hospital mortality rates.
- From 1992 to 1998, the overall hospitalization rate for people 65 or over increased by about 11%. Trends in hospitalization rates varied among the diagnoses and procedures (see Figure 2).

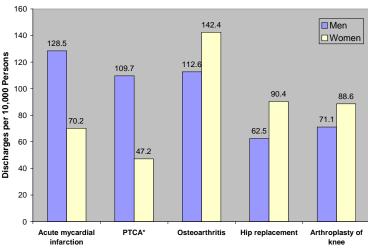
### **Utilization Trends**

Figure 2. Hospital discharge rates per 10,000 persons age 65 or over for selected common diagnoses and procedures, Utah 1992 and 1998



### Differences Between Men and Women

*Figure 3.* Hospital discharge rates per 10,000 persons age 65 or over for selected diagnoses and procedures, Utah 1996-1998



\*PTCA = percutaneous transluminal coronary angioplasty

- Men were hospitalized from 1.5 to 2.0 times as often as women for coronary artery disease-related diagnoses and procedures. Women were hospitalized 25-40% more often than men for orthopedic conditions such as osteoarthritis, hip replacement, and arthroplasty of the knee (see Figure 3).
- For most diagnoses and procedures examined, the mean length of stay and mean total charges were greater for men than women.
- Overall, about 60% of people hospitalized at age 65 or over were discharged home under self-care, and 20% to a skilled nursing facility. Four percent died in the hospital (see Figure 4).
- The percentage who were discharged home under self-care decreased from about 70% for those 65-74 to about 40% for those age 85 or over.
- Women were somewhat more likely to be discharged to a skilled nursing facility than were men.

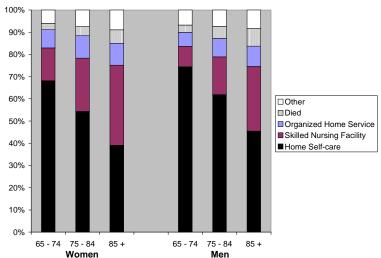
<sup>\*\*</sup> discharges per 10,000 Utahns age 65 or over per year

<sup>\*\*\*</sup> mean total hospital charge

<sup>\*\*\*\*</sup> percentage of patients who died in hospital

## **Discharge Status**

Figure 4. Percentage of hospitalizations according to discharge status, age, and gender, Utahns age 65 or older, 1996-1998



The information in this report can help older individuals and their families to prepare for the substantial lifestyle and financial implications of hospitalizations.

### **Health Data Committee**

The data for this report come from the Utah Statewide Hospital Discharge Database. Data were collected in cooperation with Utah's hospitals under the guidance and authority of the Health Data Committee. The Health Data Committee, established by the Health Data Authority Act (Title 26, Chapter 33, Utah Code Annotated), seeks to collect, analyze, and disseminate health data to further improvements in access, cost, and quality for Utah's health care system. For more information on the Health Data Committe, see <a href="http://hlunix.hl.state.ut.us/hda/HDC/index.htm">http://hlunix.hl.state.ut.us/hda/HDC/index.htm</a>

# February Utah Health Status Update

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